## **Application Data Sheet**

<b>Application Information Application Type:</b>	Regula	ar	
Subject Matter::	Utility	,	
Suggested Classification::			
Suggested Group Art Unit::			
CD-ROM or CD-R?::	None		
Title::	Dynan	nic Spir	nal Stabilization System
Request for Early Publication	1?::	No	
Request for Non-Publication	?::	No	
Suggested Drawing Figure::	2		
Total Drawing Sheets::	2		
Small Entity::		No	
Petition included?::		No	
Secrecy Order in Parent Appl	l.?::	No	
Applicant Information			
Applicant Authority type::		·	Inventor
Primary Citizenship Country:	:	US	
Status::	Full Ca	apacity	
Given Name:	John		
Family Name::	Pafford	i	
City of Residence::	Eads		
State or Province of Residence	e::	TN	

Country of Residence:: US

Street of mailing address:: 11022 Raleigh LaGrange Road

City of mailing address:: Eads

State or Province of mailing address:: TN

Postal or Zip Code of mailing address:: 38028

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Thomas

Family Name:: Wilson

City of Residence:: Guilford

State or Province of Residence:: CT

Country of Residence:: US

Street of mailing address:: 24 Overlook Lane

City of mailing address:: Guilford

State or Province of mailing address:: CT

Postal or Zip Code of mailing address:: 06437

**Applicant Information** 

Applicant Authority type:: Inventor

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Primary Citizenship Country: US

Status:: Full Capacity

Given Name:

Lawrence

Family Name::

Boyd

City of Residence::

Durham

State or Province of Residence::

NC.

Country of Residence::

US

Street of mailing address::

25 Birnham Lane

City of mailing address::

Durham

State or Province of mailing address::

NC

Postal or Zip Code of mailing address::

27707

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Mark D.

Family Name::

LoGuidice

City of Residence::

Southport

State or Province of Residence::

CT

Country of Residence::

US

Street of mailing address::

621 Warner Hill Road

City of mailing address::

Southport

State or Province of mailing address::

CT

Postal or Zip Code of mailing address::

06890

Correspond	lence Inf	formation
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Correspondence Cust	omer Number:: 2807	3				
Name::		Michael D. Beck				
Street of mailing Add	lress::	111 Monument Circle, Suite 3000				
City of mailing Addre	ess::	Indianapolis				
State or Province of r	nailing address::	IN				
Country of mailing ac	ldress::	US				
Postal or Zip Code of	mailing address::	46204-5115				
Phone number::		317-638-2922				
Fax number::		317-638-2139				
E-mail address::		mdbeck@maginot.com				
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v						
Representative Information						
Representative Custo	mer Number:					
		28078				
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D	C					
<b>Domestic Priority In</b>	iormation .					
Application	Continuity	Parent	Parent Filing			

Application::

Date::